DR. N. N. GOLOVIN narrated a case of a penetrating wound of the abdomen with protrusion of a portion of the omentum. The patient, a male peasant, had treated himself by tightly ligaturing the prolapsed part with a string. After a while the part sloughed away, and the wound healed. There was no fever at any time.—*Proceedings of the Samara Medical Society*, No. xxxvi, p. 28.

VALERIUS IDELSON (Berne.)

X. Laparotomy for Gunshot Wounds of the Abdomen. By J. B. MURPHY. M.D. (Chicago, Ill.) Four cases are related, in two of which the intestines were perforated, in one the liver only was perforated, and in the fourth perforations were found in the stomach and mesentery. The second and third cases which recovered were as follows: (1) A colored man, æt. 22, was shot in the abdomen, two inches to the right of the median line and an inch above the umbilicus, the bullet passing directly through the liver and lodging in the muscles of the back. The hæmorrhage had ceased when the abdomen was opened; accordingly the blood and clots were removed and the belly closed, the patient making a good *recovery*. (2) A colored man, æt. 57, received a 38 calibre bullet wound passing through the liver three-fourths of an inch from its lower margin and perforating the colon, leaving a bridge of intestinal tissue half an inch in length, between the perforations. The bridge was divided and the single opening thus created closed, and the abdominal wound united after a careful peritoneal toilet had been made. Primary union occurred and the patient made a perfect *recovery*. The two other cases both died, one from hæmorrhage from the renal artery, the other from shock complicated by an overdose of morphine.—*Jour. Am. Med. Assn.*, March 10, 1888.

JAMES E. PILCHER (U. S. Army).

EXTREMITIES.

I. On the Operative Treatment of Elephantiasis. By PROF. DR. HELFERICH (Greifswald). The treatment of simple cases of elephantiasis of the extremities by means of elastic compression,

massage and elevation, has undoubtedly shown very good results. In the less severe cases where the treatment is instituted early enough, complete recovery may take place without the patient having to wear these annoying appliances. In the more severe cases it is possible to restore the limb to nearly its normal size, the treatment being continued by the patient himself, by the use of an elastic stocking, etc. The liability of the disease to recurrence if these latter precautions be neglected, is well known. An interesting case of this kind was reported by J. Sendtner in 1884. Under treatment with massage the adipose tissue of the limb disappears quickly enough, leaving, however, the skin hanging in loose folds. "In a word", says the author, "the stretched cutis has partly lost its elasticity." He advises, therefore, excision of larger or smaller portions of the cutaneous covering of the limb, of a length and breadth corresponding to the folds which may be gathered up in the hands.

The skin will then, when sutured, give more or less support to the limb. Of course, a radical cure of the disease itself is by no means attained in this manner, but the conditions for further treatment, especially on the part of the patient himself, are much improved. Exact union of the edges of the wound is necessary, and the author advises operating with Esmarch's bandage, sutures and dressing to be applied before its removal. The thickened subcutaneous connective tissue in the defect should be excised down to the fascia. Strict antisepsis is advisable. The external side of the lower leg is best adapted to the removal of a large portion of the skin. After healing has taken place, development of the muscular structures of the limb should be undertaken, the latter being supported by a flannel bandage. Author gives the case of a female patient, æt. 57, who for many years had suffered from attacks of erysipelas, beginning generally in one of the lower extremities and spreading over the whole body. These attacks came on about once a year. When seen, both legs were about double the normal size. Forearms and hands also showed a slight enlargement. After treatment by means of compression, massage, etc., for some time, excision of large longitudinal flaps of the skin was undertaken, first on the right leg and foot: two months later on the left leg. No Esmarch

was used in the first operation, and there was consequently considerable parenchymatous hæmorrhage. Healing per primam took place. Limbs greatly reduced in size and almost of normal appearance. On the left leg the fold of skin excised, reached from the head of the fibula to and around under the external malleolus. A second portion was excised on the external upper part of the foot. Electricity and massage (not rubbing) were employed afterwards. Patient was not allowed to get up for some time, in fact, not entirely until about four months had elapsed. Several months after her discharge her condition was excellent, the muscles of the lower extremities being strong and the power of locomotion very good. She died suddenly from a violent attack of erysipelas.—*Deutsch Med. Wochenschrift*, No. 2. Jan. 12, 1888.

C. J. COLLES. (New YORK).

II. On a Deformity of the Hands which Attacks Glass-Blowers. By A. PONCET (Lyons). There exists in glass blowers a professional deformity of the hands, to which attention has not hitherto been called. It is characterized by a permanent flexion of the fingers upon the hand. The little and ring fingers are more flexed than the middle and index. The thumb is free. The flexion especially affects the second phalanx, which is inclined almost at a right angle to the first phalanx. It is not due to thickening of the skin or to fibrous bands, but to contracture of the flexor tendons and especially of the flexor sublimis. This can be made out by careful examination under chloroform.

The inter-phalangeal articulations are more or less deformed with a tendency to subluxation. The fingers are inclined towards the ulnar side.

The skin on the palmar aspects, though a little thickened and callous, is not more so than may be observed in work-people of other professions.

The deformity is known among French glass blowers as *main en crochet* and *main fermée*. According to the observations of one of Poncet's internes, M. Etienne Rollet, the greater number of glass-